

Date: _____

PM 160 and CHDP Billing Training-Evaluation

Please watch the PM 160 and CHDP Billing Youtube video before completing this evaluation.

I confirm that I studied the entirety of the video.

Signature: _____ Date: _____

Circle your response.

1. Before participating in this training, how confident did you feel about your ability to bill for CHDP Services using the PM 160?

- Very Confident
- Somewhat confident
- Not confident at all

2. Before participating in this training, how confident did you feel about your ability to determine patient eligibility for CHDP and Medi-Cal services?

- Very Confident
- Somewhat confident
- Not confident at all

3. After participating in this training, how confident do you feel about your ability to bill for CHDP Services using the PM 160?

- Very Confident
- Somewhat confident
- Not confident at all

4. After participating in this training, how confident do you feel about your ability to determine patient eligibility for CHDP and Medi-Cal services?

- Very Confident
- Somewhat confident
- Not confident at all

5. On a scale of 1 to 10 how effective would you rate this training?

10 9 8 7 6 5 4 3 2 1
Very effective Not effective

6. Please provide any feedback that will help us provide a more effective training on this topic:

Signature: _____ Date: _____